Your guide to open enrollment

Considerations before choosing health insurance for the year ahead



Patient portrayal

What is open enrollment

Open enrollment is the time each year when you can review your health insurance options and choose the plan that best meets your needs for the coming year.

As you review health plans, it's important to understand what the plan covers and what you may pay for medical care and prescription medications. This can help you make an informed decision for the year ahead.

Timing varies by insurance type*

Open enrollment dates vary. That's why it's important to know when your plan's open enrollment period begins; when your current coverage ends and your new coverage begins. It all starts by knowing your insurance type.

Special circumstances

You may be able to make changes outside of open enrollment if you experience a major life event, such as losing coverage, getting married, or having a baby.

COMMERCIAL OR PRIVATE INSURANCE



TYPE	OPEN ENROLLMENT PERIOD
Plans offered through your employer or your spouse's employer	Check with your plan's benefits manager or HR department
Private insurance you purchase on your own	Check with your plan's benefits manager
Affordable Care Act (ACA) Health Insurance Marketplace®	Nov 1 - Dec 15, 2026

If you have been prescribed DUPIXENT® (dupilumab) and you don't have health insurance, not sure about your health insurance coverage, or are having trouble affording DUPIXENT, call *DUPIXENT MyWay* at 1-844-DUPIXENT (1-844-387-4936) Option 1, Monday–Friday, 8 am–9 pm ET.

GOVERNMENT INSURANCE



TYPE	OPEN ENROLLMENT PERIOD
Medicare	Oct 15 - Dec 7, 2026†
For Medicare Advantage you can also make a change from Jan 1 - Mar 31, 2027	
Medicaid	Varies by state
TRICARE	Nov 9 - Dec 8, 2026
Veterans Affairs (VA) health care	Eligible veterans can apply for coverage any time of year

What to consider when choosing a health plan

Understanding your current plan benefits can help you know what your insurance covers. Asking the right questions when evaluating new plans can help you make sure your doctors, medications, and other health services are covered in a way that works for you. Here are key things to keep in mind:

PLAN COSTS

Your out-of-pocket costs—the amount you pay for healthcare and prescription medications—can vary widely between plans. Reviewing your premium, deductible, copays, coinsurance, prescription drug costs, and out-of-pocket maximum can help you estimate your healthcare expenses for the year ahead.

PROVIDER COVERAGE

Confirm whether your current doctors, specialists, hospitals, and labs are included in the new plan.

MEDICATION COVERAGE

Check the plan's list of covered prescription medications to make sure your medications are covered.

When taking a specialty medication such as DUPIXENT® (dupilumab), it's important to understand how your medication will be covered, and what you may actually pay.

*State-based Marketplace Open Enrollment deadlines may differ. Check the current Open Enrollment timeline for your state before making coverage selections. View at HealthInsurance.org

†Annual Enrollment Period to review and change coverage.

Preparing for open enrollment

Questions to ask when evaluating health plans

When changing or selecting a plan, there are things to consider. It may be helpful to speak with a benefits representative or plan administrator about questions specific to your situation. These questions can help get the conversation started.

- What will my monthly premium and annual deductible be?
- What will my out-of-pocket maximum be?
- Are deductibles, co-payments, and co-insurance included in the out-of-pocket maximum?

Check provider coverage

- Can I continue to see my current doctors or specialists?
- Will I need a referral or approval to see a specialist?
- Will I need to use a different specialty pharmacy?
- Will my preferred hospitals or labs be covered?



Patient portrayal

Check DUPIXENT® (dupilumab) coverage

Check to see if your medication(s), including DUPIXENT are covered. For example, you may wish to ask the following about DUPIXENT coverage:

- What will my annual deductible be, and how does my prescription benefit apply toward that deductible?
- Will DUPIXENT be covered?
  You might ask whether the plan has an exclusion policy or carve out program in place for specialty medications such as DUPIXENT.
- Will the new plan require approval before covering DUPIXENT?
  This is a process known as prior authorization.
- Will I need to try another treatment first before the new plan will cover DUPIXENT?
  This is sometimes called step therapy.
- What may I pay for each DUPIXENT refill based on the new plan?
- Will the new plan cover 100% of the cost of DUPIXENT once my out-of-pocket costs and deductible are met?
- Will the new plan allow use of a manufacturer's copay card, such as the *DUPIXENT MyWay* Copay Card?

Have Medicare Part D?

You might have a couple of additional questions about medication coverage.

- Is my Medicare Part D (prescription coverage) plan changing next year?
- Will DUPIXENT be covered on the Part D list of covered prescriptions (also called a formulary)?
- Am I eligible for the Extra Help program?
- Have I considered the Medicare Prescription Payment Plan to help spread prescription drug costs across monthly payments?
  See the next page to learn more.

Ask how the *DUPIXENT MyWay* Copay Card benefit is applied to your deductible and out-of-pocket costs for DUPIXENT. Knowing how your plan applies copay assistance can help you better estimate your costs and avoid unexpected expenses during the year.

Support for affording medication

Paying some out-of-pocket costs for prescription medications is common with many health plans. Understanding these costs and how your plan covers medications can help you make informed coverage decisions. Support programs and resources may also be available to help reduce your out-of-pocket expenses.

Considerations if you have

COMMERCIAL INSURANCE

If you have commercial insurance, you may be eligible for a manufacturer copay card program that helps you cover out-of-pocket costs for certain prescription medications.

Copay adjustment plans

Some health insurance plans limit the use of manufacturer copay assistance. These programs are generally known as Accumulator or Maximizer programs, but can have other names. When evaluating health plans, you will want to ask the benefits administrator if:

- the plan limits how manufacturer copay assistance is applied to your out-of-pocket cost.
- copay card payments count towards your deductible or out-of-pocket maximum.

DUPIXENT myway®

Check your eligibility for the *DUPIXENT MyWay* Copay Card Program that helps eligible patients cover out-of-pocket costs for DUPIXENT® (dupilumab).

Scan the QR code
or visit DUPIXENT.com

Call 1-855-726-4702
and follow the prompts

Considerations if you have

A MEDICARE PLAN

For people with Medicare health insurance, Medicare Part D offers prescription drug coverage.

If you have Medicare Part D, in 2027 your total out-of-pocket costs for all Medicare-covered drugs are capped at $2,400.

Support for managing out-of-pocket costs

Medicare Prescription Payment Plan (M3P)

M3P is a free, voluntary plan that may help you manage your prescription drug costs by allowing you to spread them across monthly payments. You can contact your Medicare Advantage or Medicare Part D plan to learn more.

Medicare Extra Help

Extra Help helps lower prescription drug costs for people with limited income and resources. You can apply for Extra Help anytime throughout the year.

To learn more, visit ssa.gov/medicare/part-d-extra-help or call 1-800-772-1213.

The options for Medicare patients are offered by the Centers for Medicare and Medicaid Services (CMS), not Sanofi or Regeneron. The information is provided for educational purposes only and may be subject to change.

Helpful reminders | Before making decisions, review:

- Your open enrollment timing
- If doctors are in-network
- If medications are covered
- Expected out-of-pocket costs
- Any changes from current plan
- Where to go if you have questions

Looking for more support?

For questions about your health insurance

If you have an **employer sponsored health insurance plan**, contact your employer's benefits manager.

If you have **Medicare**, visit Medicare.gov, or contact your Medicare broker.

For more information on *DUPIXENT MyWay*

CALL 1-844-DUPIXENT
(1-844-387-4936) Option 1, Monday–Friday, 8 am–9 pm ET

VISIT DUPIXENT.COM

SCAN QR CODE
Add the *DUPIXENT MyWay* contact information into your mobile phone

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